



Non-Medical Prescribing in Australia – where to?



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Non-medical prescribing in Australia

- Issues pushing workplace reform
- Commonwealth/State activities
- Differences from the UK
- Pilots and directions for pharmacy



Health workforce issues


- Ageing health workforce, feminisation, lifestyle balance, junior Dr working hours, specialisation, rural services,
 - Health workforce 9-11% of total workforce
 - Needs to be 20% by 2025

Solutions

- More doctors?
- New species of health worker
 - Physician assistants - USA
- Smart IT – home monitoring
- Prevention



Solutions

- Extension of current roles – including non-medical prescribing
 - Nurses
 - Pharmacists
- 

Commonwealth activities

- Committees, subcommittees & reports
- AHWOC, AMWAC, → AHWPC, HWT
- National Health Workforce Strategic Framework (2004-14) - vision

- Aust Health Workforce Institute – Dec 07



Australian Government
Productivity Commission

Australia's Health Workforce

Productivity
Commission
Research Report

22 December 2005

Federal Government
Response

A blueprint for workforce
reform

Productivity Commission Research Report

- ☛ 'For lasting gains....overcome fragmented service delivery, remove professional and regulatory rigidities and other barriers to innovation'.

Commissioner Woods

- ☛ Explore workforce innovation – task substitution for nurse practitioners, physios, podiatrists, optometrists

PBS ACCESS

DUCCOR AUSTRALIA PTY LTD. (95) 6787 6000

PBS-RPBS optometrist prescription
 Authority prescription not valid unless authorised by delegate

MR AUTHORISED OPTOMETRIST 33333333
 11 EYE STREET
 ELWOOD VIC 3184
 Tel: 9531 9812
 4000123

Patient's Medicare number Patient's Ref number

Patient's full name

Patient's address

Tick for return to patient Postcode

Entitlement number

Safety Net entitlement card holder Concessional or dependant, RPBS beneficiary or Safety Net concession card holder

(Tick appropriate boxes)
 PBS ~~RPBS~~ Brand substitution not permitted

or, authorisation is requested for the following:
 PBS prescription from State Manager, Medicare Australia
 RPBS prescription from the authorised delegate of the Repatriation Commission

Only one item per form
Carmellose Sodium eye drops
5mg/ml single dose units, 0.4ml, 30
 Pharmacist/patient copy

Dosage directions

Quantity Optometrist's signature Date

Number of repeats

Medicare Australia/DVA use Repeats Agency/Delegate approval

I declare that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Patient's or agent's signature Date of supply

Agent's address

Privacy note: The information collected on this form, including your Medicare, Concession or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme, to determine payments due to pharmacists, and for carrying out functions under the Medicare Australia Act 1984. Its collection is authorised by the National Health Act 1983. With your consent, the authorised equipment or personnel may add your Medicare number for use on future prescriptions. This information may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, authorised optometrists, pharmacists and as authorised or required by law.

4200_11/07

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1) Monash University, 2) The University of Queensland

Improving Australian's Access to Prescription Medicines: *Proposed Practice Models*



Community Pharmacy

Pharmacy Guild

- “prescribing arrangements do not fully meet needs in terms of, timely, cost effective and convenient access to prescription medicines”

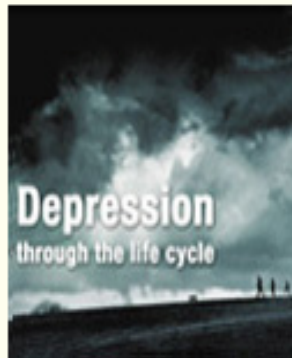
Community Pharmacy

Pharmacy Guild

- Politics – avoid the term ‘prescribing’
 - S3 pharmacist only meds ‘improve access’
 - Medication continuance
 - Pharmacist protocol management



HOW TO TREAT...



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Australian Doctor



Medical Databases



USEMD

GP's to dispense drugs: AMA counters chemists' push

29-Jun-2004

By Claire Sweeney and Christina Anastasopoulos

GPs will be able to dispense drugs to patients in a similar manner to pharmacists under an AMA proposal which would result in a greater role for doctors in the supply and distribution of prescription medicines.

The AMA revealed last week that it had launched a study to examine potential models of "doctor-led" drug dispensing. The move could see GPs push into territory so far reserved almost entirely for pharmacists.

The doctor-dispensing model would be a move in the opposite direction to a recent proposal to expand pharmacists' prescribing rights, which is the subject of Federal Health Department-funded research.

Dr David Molloy, president of the AMA's Queensland branch, said GPs moving into drug dispensing was a far more rational step to pharmacists prescribing medications.

He said holistic care and treatment of patients was less transferable to the pharmacy environment and it was "immensely more logical" to shift pharmacy into the doctor's domain.

One option to be considered by the study is an e-health model in which doctors could act as agents for online pharmacies, Dr Molloy said.

State approach

- Prescribing is state regulated for nurse practitioners, optometrists, podiatrists
- No uniform approach to extended scope of practice between States

Victorian endorsed nurse practitioners Feb08

Category of Nurse Practitioner	2004	2005	2006	2007	TOTAL
Diabetes				1	1
Emergency			7	8	15
Intensive Care Liaison	1				1
Men's Health				1	1
Mental Health				1	1
Nephrology			2		2
Palliative Care		4			4
Rural and Remote				2	2
Urology			1		1
Women's Health			2	1	3
Wound Management	1				1
Young People's Health	2				2
Total	4	4	12	12	34


Victoria

Podiatrist's Regulatory Impact Statement

- Antibiotics, Antifungals
- Anti-inflammatory agents, NSAIDS, Gout,
- Pain, narcotics
- Anxiolytics – benzo's
- Anti-emetics
- Lipid lowering, vasodilators, beta blockers
- LA, CS



Victoria - Dept of Human Services, Workforce Innovation

- Supporting pilots of new & redesigned work roles
 - Better patient outcomes
 - Greater work satisfaction, better use of skills
 - Efficiency
- 

Contrast approach to the UK

- Not fragmented -sweeping Government led reform
- Reforms embraced pharmacists and nurses, allied health
- An inclusive approach to credentialing

UK Government response

- *The NHS Plan* focused on the need to organise and deliver services around the needs of patients, their families and carers
 - “The new approach will shatter the old demarcations which have held back staff and slowed down care.”

UK Government response

Top down support

- “I am delighted that the first supplementary prescribing pharmacists have now qualified and that they will soon be bringing their expertise to the aid of both patients and doctors alike”

• Health Minister Rosie Winterton March 04



UK- Non medical prescribing

Benefits - Crown Report (1999)

Patient:

- Better access to care, choice, convenience.
- More detailed advice about treatment.

Doctor:

- More time to concentrate on new patients and difficult cases.

Pharmacists/Nurses:

- Better use of professional skills.
- Organisation:
- Better use of resources.

Medical support for change

“The exclusivity of medical knowledge and skill is being broken down.

Interprofessional learning is commonplace.....

Professional boundaries are being blurred.....

None of us works alone any longer but in multidisciplinary teams in which we depend upon the expertise of others.

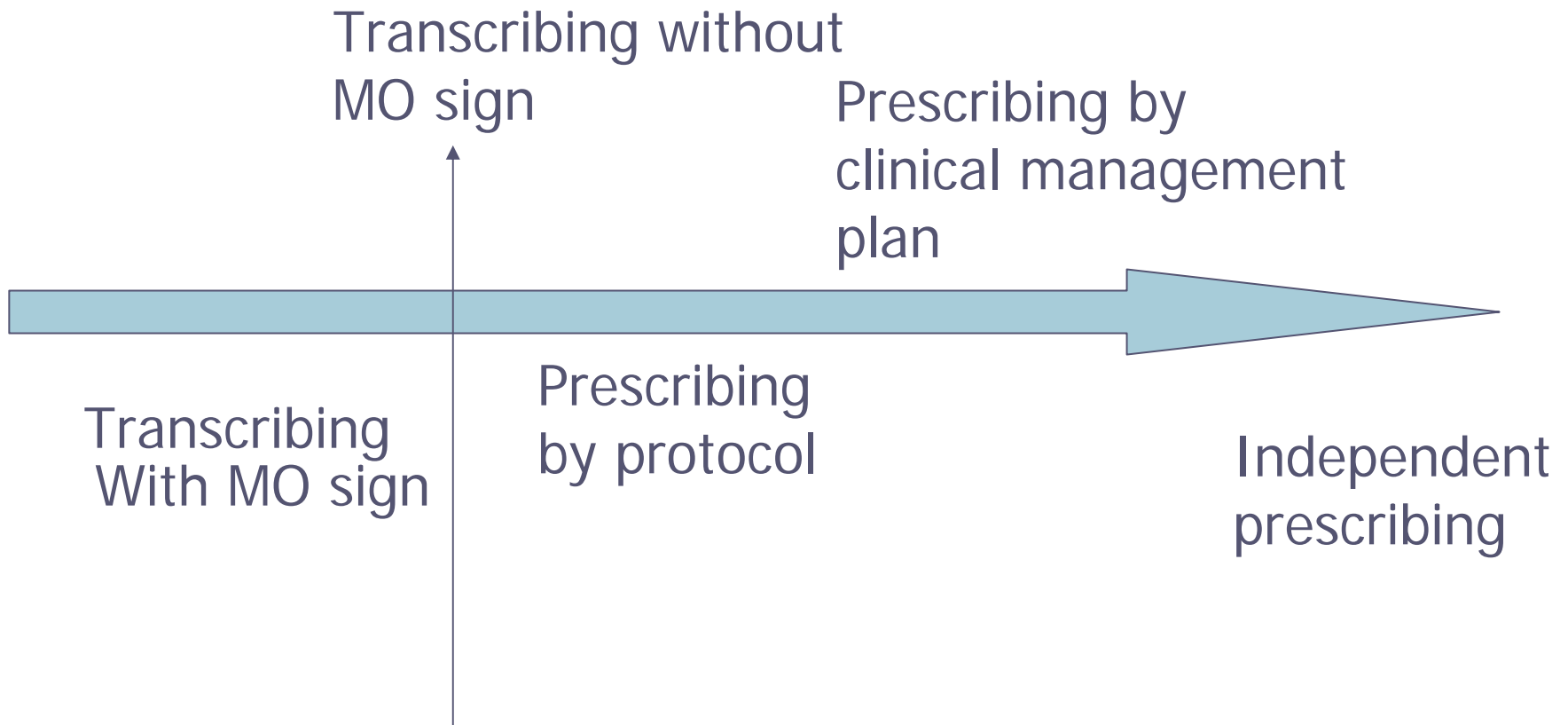
This is not a diminution of medicine but a strengthening of health care.”

Sir Graeme Cato
President UK General Medical Council
2005

Propose collaborative prescribing models for Australia

- ☛ Collaborative prescribing
- ☛ *‘any of a spectrum of prescribing actions undertaken in collaboration with a medical practitioner’*

Collaborative prescribing continuum



Transcribing

- ☞ Is it prescribing?
- ☞ Is it legal?
- ☞ Recent determination by Drugs and Poisons Unit 46(1), 47(2) 47(3)
 - Doctor reviews, signs and dates a transcribed order on a drug chart this is sufficient to comply & allows valid administration by a nurse.



Way forward

- Non-medical prescribing by pharmacists will first emerge in the hospital setting
- 

Hospital demand and system issues

- Opportunities for innovative practice to improve patient flow and care
 - pharmacist initiated discharge prescribing
 - transcribing in pre-admission clinic
 - Emergency Dept pharmacist
 - unmet need – lipid management in PVD

20-30 patients awaiting admission from EMD
17 unresourced beds open
Purchase of interim care beds for
25 patients awaiting nursing home placement



Patient Flow Collaborative Clinical Innovation Agency Project

Human Services

- The problem – patient waiting times and flow in Cardiology
 - Bed block from EMD to Cardiology
 - LOS for cardiology patients
 - 50% of discharges after 3pm
 - Time lag between decision to discharge and actual discharge
 - Frustration

Patient Flow Collaborative Clinical Innovation Agency Project

Human Services

- One aspect was discharge meds
 - A perception of Pharmacy at fault
 - Multidisciplinary team mapped the medication discharge pathway

Time elements

- ☛ Time of decision to discharge
- ☛ Time of script generation
- ☛ Time to pharmacy
- ☛ Dispensing time
- ☛ Time of drugs to patient
- ☛ Patient discharge time



Pilot study

- To look at the impact of pharmacist initiated electronic discharge prescribing
- Aim
 - Determine if times to receipt of discharge medication were decreased
 - Effect on accuracy and safety of prescribing against the agreed management plan

Pilot study

- ☞ Two arms
- ☞ Usual practice arm – 3 weeks
 - 30 pts acute coronary syndrome, 9 heart failure
- ☞ Pharmacist e-prescribing arm – 3 weeks
 - 29 pts ACS, 6 heart failure

Cardiology Pharmacist Role

- Experienced cardiology pharmacist who electronically prescribes against agreed protocols & prints script (before or on decision to discharge)
- Dr checks, signs, rings for authorities
- Separation of prescribing and dispensing

Department of Veterans Affairs number

Safety Net Entitlement Card Holder Dependant RPBS beneficiary Session card holder

PBS RPBS

PATIENT NAME: M

Drug name	Strength	Form	Dose, Route & Frequency	Rpts Supply		Appraisal	Sp. list
				Qty	Days	If Required	
Irbesartan-hydrochlorothiazide	300mg-12.5mg	TABLETS	1 Oral Daily	0		N	
Prednisolone	5mg	TABLETS	5mg Oral Daily	0		N	
Salmeterol-fluticasone (cfc-free)	25mcg-250mcg	INHALER	2 Inhaled B.D.	0		N	
Calcium Carbonate-etidronate	1.25g-200mg (104)	TABLETS	1 Oral Daily	0		N	
Aspirin	100mg	TABLETS	100mg Oral Daily	112		Y	
Atorvastatin	40mg	TABLETS	40mg Oral Nocte	30		Y	
Omeprazole	20mg	CAPSULES	20mg Oral Daily	30		Y	
Glyceryl Trinitrate	600mcg (100)	SUB-LINGUAL	.5-1 S/L P.R.N.	1		Y	
Clopidogrel	75mg	TABLETS	75mg Oral Daily	28	5	Y	Z5948 S/W
Atenolol	50mg	TABLETS	50mg Oral Daily	30		Y	

Special Instructions (as referred to from above)

This Patient could benefit from a Home Medicines Review. For more information contact:
 Phone: GP Association on 5229 1922, Email: dmmr@gpageeelong, Website: www.health.gov.au/epc/dmmr.htm

Alerts

Codeine: Vomiting

Pilot Study Results

- ☛ Significant reduction in time to receipt of discharge medication (190 min to 50 min, $p < 0.0001$)
- ☛ No improvement in time to leave the hospital
- ☛ Accuracy of prescribing
 - Usual practice arm 26% ($n=39$) at least one error including 19 omissions in 321 items
 - Intervention arm, ($n=35$) no omissions, 2 changes

J Pharm Pract Res 2005;35:287-90

Pilot study results

➤ Usual practice arm

- Post AMI omissions eg ACE, Beta blocker
- Atrial fibrillation – warfarin
- One script omitted 5 drugs
- 13 patients omitted sub lingual nitrates for ischaemic symptoms for first time

Another discharge pilot

Frankston Hospital – PETS

- *'Pharmacist initiated E-script transcribing service'*
- Referral to a specific discharge pharmacist 24 hours prior to discharge
- Prepares and prints the e-script
- Dr signs
- Evaluation – LOS, time elements, quality

Pre-admission clinic

☞ Pharmacist roles (early visit)

- Drug history taking and review
- Advice on stopping & starting medications
- Identifying problems – stop cancellations
- Providing information to patients

Pre-admission clinic

- ☞ Pharmacist roles (day off surgery)
 - Drug history taking and review
 - Transcribing/prescribing admission & discharge drugs

Route	Target INR	Nurse 1 - 1000
Indication	Pharmacy	Nurse 2
Prescriber Signature	Print your Name	Contact
		INR Result

Date	Medication (Print Generic Name)	Times
8/8	Omeprazole	0800
Route	Dose	Frequency
o	20mg	mane
Pharmacy Review		
Pharmacy		
Prescriber Signature	Print your Name	Contact

Date	Medication (Print Generic Name)	Times
8/8	Spironolactone	0800
Route	Dose	Frequency
o	100mg	mane
Pharmacy Review		
Pharmacy		
Prescriber Signature	Print your Name	Contact

Date	Medication (Print Generic Name)	Times
8/8	slow K 600mg	0800
Route	Dose	Frequency
o	2	mane
Pharmacy Review		
Pharmacy		
Potassium chloride		
Prescriber Signature	Print your Name	Contact

Date	Medication (Print Generic Name)	Times
8/8	caltrate 600mg	0800
Route	Dose	Frequency
o	2	mane
Pharmacy Review		
Pharmacy		
Prescriber Signature	Print your Name	Contact

WARNING

This chart has been written by the peri-op pharmacist (#299.)

Do not administer medications until orders are reviewed and signed by the doctor

Stock No. 16021 Rev. 11/06
 ©Barwon Health
 PMS Black/Red

Clinical Pharmacist Review.

Advanced Emergency Pharmacist Practitioner

- Medication history taking and writing up drug charts for short stay unit patients, patients to be admitted or transfers.
- Prescribing by protocol following diagnosis eg migraine, back pain, renal colic

Peripheral Vascular Disease

- Common 20-30% over 50
- Predictor of future events AMI, stroke
- Secondary prevention important but less intensively treated than it should be
- Monash University/Barwon study

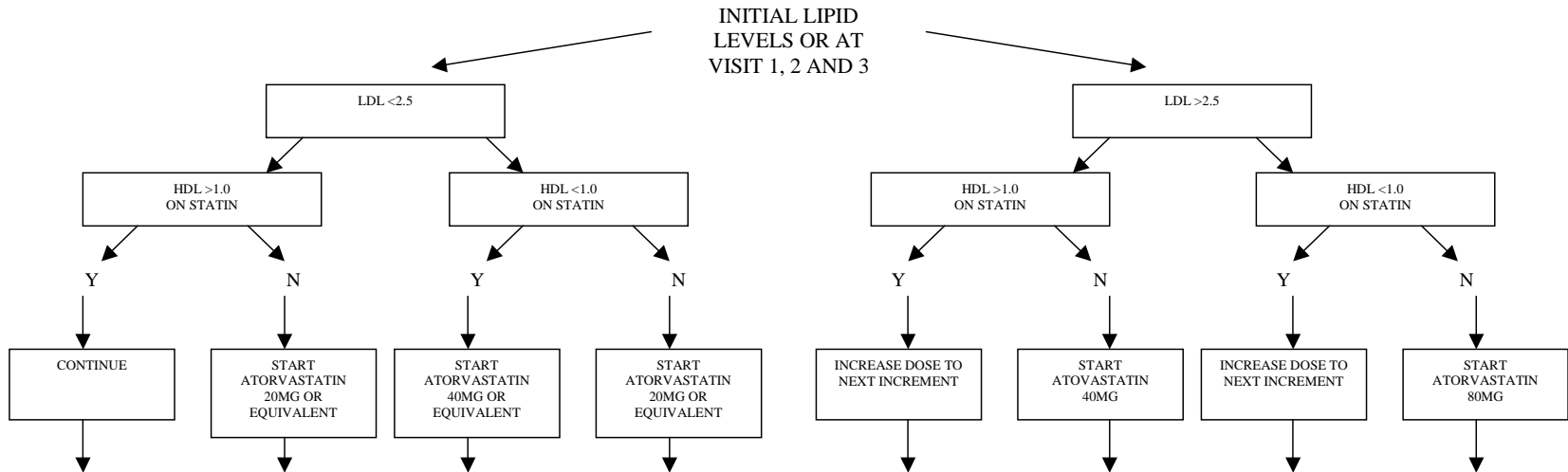
Collaborative Prescribing by Protocol - Ambulatory setting

- Pharmacist led lipid clinic for patients with peripheral vascular disease & uncontrolled cholesterol
 - UK prescribing competencies for pharmacist assessed by RGU & cardiologist
 - Randomise 80 patients into intervention and usual practice arms
 - Outcomes – lipid control, adherence, cost effectiveness

Intervention arm

- ☞ Pharmacist roles at six weekly visits (4)
 - Cholesterol measurement
 - Review & prescribe medications
 - Educate
 - Refer

STATIN DOSE ADJUSTMENT AND MONITORING ALGORITHM



6 week follow up:

IF AST/ALT < 3 x normal - continue therapy

IF AST/ALT > 3 x normal - half statin dose
Review 6 weeks

IF AST/ALT > 5 x normal - cease
- refer to physician

IF CK < 2 x normal – continue therapy

IF CK 2-5 x normal – half statin dose

IF CK > 10 x normal - cease therapy
- refer to physician

If Tg > 4 Add Gemfibrozil 600mg Twice Daily

Statin Dose Equivalence in reduction of LDL:

Atorvastatin 20mg
Pravastatin 40mg
Rosuvastatin 5mg
Simvastatin 20mg

Patient Sticker

Sign: _____

Dr. J Amerena

Date: _____

Barriers and Issues In Australia

- Achieving legislative change
- Credentialing processes
- PBS access
- Indemnity and liability
- Clinical governance framework
- Shared medical record (community)
- Implementation and evaluation

Conclusion

- Drivers for change are in place
- Govt leadership is critical – more action!
- PBS access critical for wider practice
- Continue with pilots to demonstrate benefits eg within hospitals
- Collaborative prescribing model
- Change will be gradual